

Readiness Plan

Application Voucher# _____

Name on Application: _____

Registry ID# _____

START UP COST CALCULATION

<i>Cost Category</i>	<i>Estimated Cost</i>	
Licenses and Fees		
Business licenses and taxes	\$ _____	
Local land use permits	\$ _____	
Other	\$ _____	
	Subtotal	\$ _____
Land/Location of Business		
Purchase price, including closing costs	\$ _____	
Initial rental expense, including security deposits	\$ _____	
Other	\$ _____	
	Subtotal	\$ _____
Construction Costs		
Building and shelters	\$ _____	
Storage areas	\$ _____	
Sorting rooms and shelters	\$ _____	
Other	\$ _____	
	Subtotal	\$ _____
Equipment Costs		
Material-handling equipment	\$ _____	
Office equipment	\$ _____	
Transportation equipment	\$ _____	
Other	\$ _____	
	Subtotal	\$ _____
Initial Operations Funding		
Cost to operate the business for the first 3 months	\$ _____	
	Subtotal	\$ _____
	Total Start-up Costs	\$ _____

PROJECTED MONTHLY EXPENSES

<i>Cost Category</i>	<i>Estimated Cost</i>	
Labor		
Recycling location wages and benefits	\$ _____	
Maintenance wages and benefits	\$ _____	
Transportation labor	\$ _____	
Other	\$ _____	
	Subtotal	\$ _____
Taxes and Fees		
Property taxes	\$ _____	
Business license fees	\$ _____	
Payroll taxes	\$ _____	
State income taxes	\$ _____	
Other	\$ _____	
	Subtotal	\$ _____

Equipment and Capital

Recycling location site rental or lease payments \$ _____
Equipment, tools or machinery \$ _____
Supplies \$ _____
Transportation vehicles \$ _____
Capital asset purchase costs \$ _____
Maintenance of capital assets \$ _____
Interest \$ _____
Other \$ _____

Subtotal \$ _____

Overhead

Utilities \$ _____
Advertising and promotion \$ _____
Insurance \$ _____
Transportation fuel \$ _____
General, administrative, and overhead \$ _____
Other \$ _____

Subtotal \$ _____

Total Monthly Expenses \$ _____

PROJECTED MONTHLY REVENUES**Revenue Type****Estimate****Sale of Scrap**

Sale of scrap aluminum \$ _____
Sale of scrap glass \$ _____
Sale of scrap plastic \$ _____
Sale of other scrap (paper, cardboard, etc.) \$ _____

Subtotal \$ _____

Payments from Processors in addition to CRV Payments

Administrative fees from processors \$ _____
State processing fees \$ _____

Subtotal \$ _____

Other

Grants and awards \$ _____
Other \$ _____

Subtotal \$ _____

Total Projected Monthly Revenue \$ _____

I declare under penalty of perjury under the laws of the State of California that all information submitted on this Readiness Plan is true and correct and that I am authorized to sign this Readiness Plan.

Executed at: _____ on _____.
City County State Date

Signature: _____ Title: _____

Printed Name: _____ Phone: _____

*Social Security Number: _____ - _____ - _____ CDL/ID: _____